



COMMONWEALTH OF KENTUCKY
STATE BOARD OF PSYCHOLOGY

BOX 1360
FRANKFORT, KENTUCKY 40602
(502) 564-3298
<http://psycho.state.ky.us>

APPLICANT NAME _____

LICENSE REQUESTED/ _____

Licensed Psychologist

Licensed Psychological Associate

1. **Length of time and capacity within which you have known the applicant.**

2. **Applicant's professional knowledge in general psychology and in particular the major field of interest.** _____

3. **Applicant's competence in the application or practice of psychology.**

4. **Applicant's ability to function professionally in cooperation with other psychologists or with other members of the community.** _____

5. **Applicant's understanding of and acceptance of responsibility in matters of professional ethics. Please include any indications of deviation from expected behavior.**

Comments: _____

DATE: _____

SIGNATURE (Written)

DEGREE HELD

SIGNATURE (Printed)

INSTITUTION

TITLE